

NRC SOLOMONS 2003 RESERVATION FORM

410.326.5203/4

Tear out this form and mail to NRC Solomons, PO Box 147, MD Route 2/4, Solomons, MD 20688 or fax it to the Lodging Office at (410) 326-4280. Copies of this form may also be downloaded from the NDW web site, www.ndw.navy.mil, and emailed to the Lodging Office at NRCAccommodation@ndw.navy.mil.

NAME: _____ SS# _____

BRANCH OF SERVICE: _____ RANK _____ ACT _____ RET _____ RESR _____ WID _____ DIS _____ DOD _____

ADDRESS: _____ HOME PHONE _____

CITY: _____ STATE: _____ ZIP CODE: _____ E-MAIL: _____

DUTY STATION: _____ WORK PHONE: _____

REQUESTED ARRIVAL DATE: ____/____/____ REQUESTED DEPARTURE DATE: ____/____/____

ALTERNATE ARRIVAL DATE: ____/____/____ ALTERNATE DEPARTURE DATE: ____/____/____

EMERGENCY POINT OF CONTACT: _____ RELATIONSHIP: _____ PHONE #: _____

GROUP TYPE: (check) ☐ Church ☐ Family Reunion ☐ Business Function ☐ Other

NAME OF CHURCH/FAMILY/BUSINESS: _____

COMMAND FUNCTIONS ONLY

NAME OF COMMAND: _____ POC: _____

COMMAND BILLING ADDRESS: _____ PHONE NUMBER: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PLEASE CHECK ONLY THE ITEMS YOU WISH TO RESERVE FROM EACH LIST.

If you are not sure of the exact type of accommodations you wish to reserve, please note your first, second, and third choices.

LODGING UNIT	CAMPING	RECREATION RENTAL FACILITIES	GEAR RENTAL EQUIPMENT
<input type="checkbox"/> Contemporary Cottage <input type="checkbox"/> Refurbished Classic Cottage <input type="checkbox"/> Inland Classic Cottage <input type="checkbox"/> Cozy Cabin <input type="checkbox"/> Log Cabin Single/Full <input type="checkbox"/> Bungalow <input type="checkbox"/> Apartment Indicate the number of bedrooms preferred (check) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Non-Smoking Unit Preferred <input type="checkbox"/> Handicap Assessable Indicate the number of units that you are requesting: _____	<input type="checkbox"/> Complete Hook up <input type="checkbox"/> Electric and Water <input type="checkbox"/> Electric Only <input type="checkbox"/> Tent Site <input type="checkbox"/> Group Sites <input type="checkbox"/> Yurt <input type="checkbox"/> On Site Storage Only available from Nov 1 to Apr 1 <input type="checkbox"/> Indicate the number of sites you are requesting : _____ Site Selection: _____ _____ _____	<input type="checkbox"/> Large Pavilion <input type="checkbox"/> Medium Pavilion <input type="checkbox"/> Small Pavilion <input type="checkbox"/> E-Area Pavilion <input type="checkbox"/> Gazebo <input type="checkbox"/> Club 9 Projected: Arrival time: _____ Departure time: _____	<input type="checkbox"/> Large Gas Grill <input type="checkbox"/> Gas Rotisserie Grill <input type="checkbox"/> Large Charcoal Grill <input type="checkbox"/> Picnic Pack <input type="checkbox"/> Folding Tables <input type="checkbox"/> Folding Chairs (10 per) <input type="checkbox"/> TV/VCR Combo <input type="checkbox"/> Other: _____ NRC will deliver grills to your rental site. It is the customers' responsibility to pick up all other gear rental items. Gear must be prepaid for and is subject to availability.

☐ Please indicate if you require a waiver. Number of Guests in party: _____ Number of vehicles: _____

A waiver is required when a patron requests more than one unit/site, or has more than 10 guests. Approval is based on availability at time of booking. Waivers must be submitted at least two weeks prior to arrival. For patrons with large groups, 11 or more guests, a list is required. Guest list is to be typed and in alphabetical order indicating the drivers and passengers of each vehicle. Failure to comply may hinder your guests' entrance into NRC Solomons.

PRIVACY ACT STATEMENT. 5 U.S.C 301, departmental regulations, E.O. 9397 (SSN). The primary use of this information is by NRC management officials to document reservation requests from patrons and to provide access by eligible military personnel, their dependents and DOD civilians to recreational facilities. Department of the Navy Blanket Routine Uses apply to records in this system. A copy of these Blanket Routine Uses are available upon request from the Lodging Office. Disclosure is voluntary. However, failure to provide the information may delay or prevent further action on your request.

**OFFICE
USE
ONLY**

Date received _____ Date processed _____ Employee Int. _____

☐ Approved if unit/site available _____ ☐ Disapproved _____ Date: _____

Unit/Site: _____